



Incident Report

Print Date/Time: 02/29/2016 15:13

Login ID: ss0139

Lake Stevens Police Department

ORI Number: WA0311900

Incident: 2016-00003888

Incident Date/Time: 2/27/2016 3:50:01 PM
Location: CALLOW RD / SR 92
LAKE STEVENS WA 98258
Phone Number: (425) 238-5133
Report Required: No
Prior Hazards: No
LE Case Number:

Incident Type: Collision
Venue: Lake Stevens
Source: 911
Priority: 2
Status: 2
Nature of Call:

Unit/Personnel

Unit	Personnel
19D1	SS0075-Christensen
19D2	SS0112-Warbis
19D3	SS0135-Parnell
19S10	SS0013-Brooks

Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	BOLGER, JADE					
2	Reporting Party	BROSSERD, KEN		(425) 238-5133			

Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
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Disposition(s)

Disposition	Count
R	1

Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
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CAD Narrative

02/27/2016 : 17:03:16 SP0414 Narrative: SPEEDWAY TOW OS, PRIVATE IMPOUND

02/27/2016 : 16:47:58 SP0414 Narrative: SKY VALLY ON SCENE

02/27/2016 : 16:40:48 SP0408 Narrative: SPEEDWAY TOW ER FOR HORSE TRAILER

02/27/2016 : 16:40:33 SP0408 Narrative: SPEEDWAY TOW ADV ER

02/27/2016 : 16:22:13 SP0414 Narrative: SKY VALLEY TOW ENRT

02/27/2016 : 16:21:54 SP0414 Narrative: SVR Notes: FOR DODGE CARAVAN, 2 FLAT, SMASHED UP

02/27/2016 : 15:59:44 SP0308 Narrative: 2 GRN 1 YEL

02/27/2016 : 15:56:57 SP0308 Narrative: W/PD 2 VEHS BLKING SR 92

02/27/2016 : 15:53:31 SP0414 Narrative: AA 19S10

02/27/2016 : 15:52:33 SP0153 Narrative: ALSO 1 HORSE POSS STUCK IN THE TRAILER

02/27/2016 : 15:52:28 SP0331 Narrative: Narrative added from associated Call #: 967 - LR331

02/27/2016 : 15:52:17 SP0331 Narrative: Narrative added from associated Call #: 967 - CC, NON INJ, BLKG, VEH W/HORSE TRAILER VS MAR DODGE VAN

02/27/2016 : 15:51:39 SP0153 Narrative: BLK,G, 2 VEHS, #1 MAROON DODGE CARAVAN , #2 BRO TK W/HORSE TRAILER

02/27/2016 : 15:51:07 SP0153 Narrative: HEAD ON, HORSE TRAILER, THINKS INJ'S, AND HORSES INVOLVED


**STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT**


1591971

REPORT NO. E519568

INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

TRIBAL RESERVATION

CASE # 16-00003888
LOCAL AGENCY CODING
TOTAL # OF UNITS 03 **OBJECT STRUCK**

M M D D Y Y Y Y	TIME (2400)	COUNTY #	MILES	N S E W	IN OF	CITY #
DATE OF COLLISION 02 - 27 - 2016	1551	31				0664

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input checked="" type="checkbox"/>	NON-INTERSECTION <input type="checkbox"/>
STATE ROUTE 92		BLOCK NO. <input checked="" type="checkbox"/> 10500
		MILE POST

DISTANCE	MILES	N S E W	OF (REFERENCE OR CROSS STREET)
			CALLOW RD

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 3604543814
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LAST NAME	PRICE	FIRST NAME	ERIC	MIDDLE INITIAL	R
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STREET NEW ADDRESS	328 91ST AVE NE APT 8
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CITY	LAKE STEVENS	ST	WA	ZIP	982582523
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CDL	RESTRICTIONS B	ENDORSEMENTS
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DRIVER'S LICENSE #	PRICEER143QN	STATE	WA	SEX	M	D.O.B. MMDDYYYY	11	15	1986
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG 3	RESTR. 4	EJECT 1	HELMET USE	INJURY CLASS 7	NATURE OF INJURIES NECK PAIN
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LICENSE PLATE #	AVF9304	STATE	WA	VIN#	1D8GP24383B147476
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	2003	MAKE	DODG	MODEL	CAVAN	STYLE	ES	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 REGISTERED OWNER INFO. **ALLISON PRICE 328 91ST AVE NE LAKE STEVENS WA 98258**

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	TRAVELERS COMMERCIAL 991760406
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #	6Z0194390	CHARGE	SPEED TO FAST / DEFECTIVE TIRES
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UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 6024519865
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LAST NAME	POPE	FIRST NAME	CHAD	MIDDLE INITIAL	A
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STREET NEW ADDRESS	8202 27TH PL NE
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CITY	LAKE STEVENS	ST	WA	ZIP	982586442
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	POPE*CA203R3	STATE	WA	SEX	M	D.O.B. MMDDYYYY	12	23	1980
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG 2	RESTR. 4	EJECT 1	HELMET USE	INJURY CLASS 1	NATURE OF INJURIES
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LICENSE PLATE #	AUU6241	STATE	WA	VIN#	1FM5K8F87EGC08981
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	2014	MAKE	FORD	MODEL	EXPLORE	STYLE	UT	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 REGISTERED OWNER INFO. **CHAD POPE 8202 27TH PL NE LAKE STEVENS WA 98258**

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	USAA 02020 49 02G
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VEHICLE LEGALLY STANDING YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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OFFICER'S NAME (PRINT)	C. CHRISTENSEN	BADGE OR ID #	0075	AGENCY	WA0311900
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**STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT**


1591972

CORRECTION

REPORT NO. **E519568**CASE # **16-00003888**
ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		HALL MIRANDA E																
ADDRESS & PHONE # 9000 72ND ST SE SNOHOMISH WA 982901624 4253456550										SEX F	D.O.B. MMDDYYYY 04	-	14	-	1994			
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	3	SEAT POS.	3	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)		ZAJAC DAVID C																
ADDRESS & PHONE # 2537 20TH ST SHORELINE WA 98155 2065791033										SEX M	D.O.B. MMDDYYYY 05	-	01	-	1970			
PASSENGER	<input type="checkbox"/>	WITNESS	<input checked="" type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES

NARRATIVE

Unit 1 and Unit 2 were both traveling eastbound in the 10500 SR 92. Unit 3 was traveling westbound in the 10500 SR 92. It was reported that driver of Unit 1 had taken his eyes off the roadway to adjust his stereo. Unit 2 had stopped or was coming to a complete stop a vehicle making a left turn. Driver of Unit 1 did not see Unit 2 stop. Driver of Unit 1 swerved left towards the westbound traffic lane to avoid a collision. Unit 1 hit Unit 2 at the driver's side rear bumper. Unit 1 then entered the westbound lane, colliding with Unit 3 and then the horse trailer it was towing. The horse trailer became disconnected from Unit 3 and came to rest in the westbound lane. Unit 1 was towed from the scene by Sky Valley towing. The driver of Unit 1 was transported to the hospital for neck pain. A Veterinary doctor was called to the scene to administer aid to the three horses as a result of the collision. The horse trailer was towed from the scene by Speedway towing.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

C. CHRISTENSEN
02-28-16 12:51 PM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

R. BROOKS 0013

DATE

2/28/2016 2:38:20 PM

BADGE OR ID #

0075

ORI #

WA0311900

TIME POLICE DISPATCHED

3:51 PM

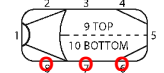
TIME POLICE ARRIVED

3:53 PM


**SUPPLEMENTAL
POLICE TRAFFIC
COLLISION REPORT**


013197

REPORT NO. E519568
CASE # 16-00003888
COMMERCIAL MOTOR CARRIER

 INTERSTATE ☐ INTRASTATE ☐
UNIT # ☐ **USDOT** ☐ **IOC #** ☐ **VEHICLE TYPE** ☐ **CARGO BODY TYPE** ☐
CARRIER NAME
CARRIER ADDRESS
CITY
ST
ZIP
NAME SOURCE
AXLES
GVWR
PLACARD
+
NAME IF NO NUMBER
ADDITIONAL UNITS
UNIT # **3** **MOTOR VEHICLE** ☒ **PEDAL-CYCLE** ☐ **PEDESTRIAN** ☐ **PROPERTY OWNER** ☐ **DAMAGE THRESHOLD MET** **YES** ☒ **NO** ☐ **PHONE** **D: 3607226846**
LAST NAME
FISHER
FIRST NAME
LETISHA
MIDDLE INITIAL
M
STREET NEW ADDRESS
5610 83RD AVE SE
CITY
SNOHOMISH
ST
WA
ZIP
982905171
CDL
RESTRICTIONS
ENDORSEMENTS
DRIVER'S LICENSE #
FISHELM123PF
STATE
WA
SEX
F
D.O.B. MMDDYYYY
10
-
06
-
1988
ON DUTY ☐
STATUS
AIRBAG
2
RESTR.
4
EJECT
1
HELMET USE
INJURY CLASS
1
NATURE OF INJURIES
LICENSE PLATE #
C91115C
STATE
WA
VIN#
1FTHX26L4GKB64541
TRAILER PLATE #
0680ZI
STATE
WA
TRAILER PLATE #
STATE
STATE
VEH. YEAR
1986
MAKE
FORD
MODEL
F2PU
STYLE
PC
VEHICLE TOWED
YES
NO
TOWED BY
GOVT. VEHICLE
YES
NO
YES
NO
REGISTERED OWNER INFO. LETISHA FISHER 5610 83RD AVE SE SNOHOMISH WA 98290
SHADE IN DAMAGED AREA
LIABILITY INSURANCE IN EFFECT
☒
INSURANCE CO & POLICY #
PERMANENT GENERAL 53-WA-2769796
VEHICLE LEGALLY STANDING
☐
CITATION #
CHARGE

UNIT # ☐ **MOTOR VEHICLE** ☐ **PEDAL-CYCLE** ☐ **PEDESTRIAN** ☐ **PROPERTY OWNER** ☐ **DAMAGE THRESHOLD MET** **YES** ☐ **NO** ☐ **PHONE**
LAST NAME
FIRST NAME
MIDDLE INITIAL
STREET NEW ADDRESS
CITY
ST
ZIP
CDL
RESTRICTIONS
ENDORSEMENTS
DRIVER'S LICENSE #
STATE
SEX
D.O.B. MMDDYYYY
-
-
ON DUTY ☐
STATUS
AIRBAG
RESTR.
EJECT
HELMET USE
INJURY CLASS
NATURE OF INJURIES
LICENSE PLATE #
STATE
VIN#
TRAILER PLATE #
STATE
TRAILER PLATE #
STATE
STATE
VEH. YEAR
MAKE
MODEL
STYLE
VEHICLE TOWED
YES
NO
TOWED BY
GOVT. VEHICLE
YES
NO
REGISTERED OWNER INFO.
SHADE IN DAMAGED AREA
LIABILITY INSURANCE IN EFFECT
☐
INSURANCE CO & POLICY #
CITATION #
CHARGE

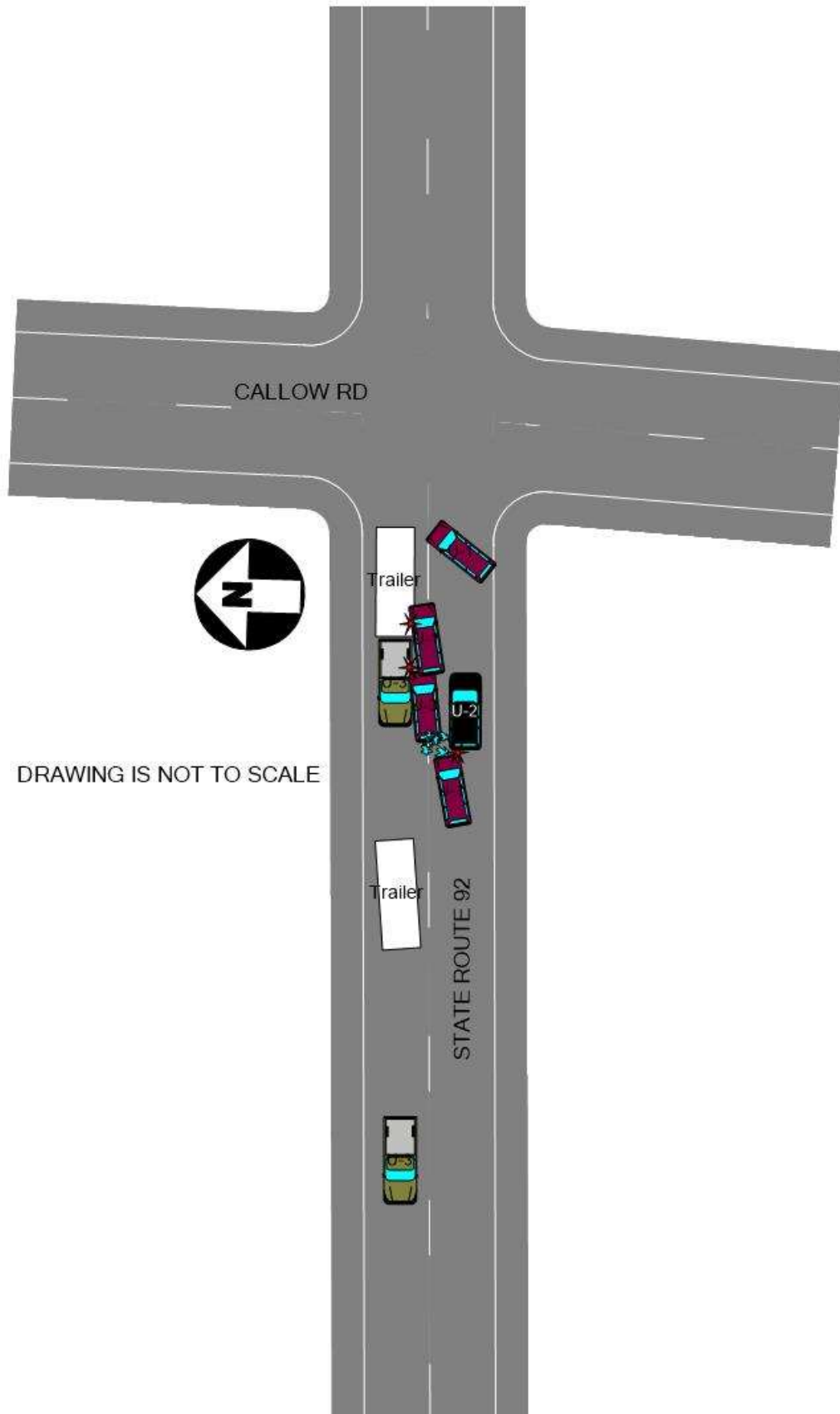

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

C. CHRISTENSEN
02-28-16 12:51 PM
INVESTIGATING OFFICER'S SIGNATURE
UNIT OR DIST DET
DATED:
PLACE SIGNED
BADGE OR ID #
0075
ORI #
WA0311900
APPROVED BY
BROOKS
DATE
2/28/2016
PAGE
3
OF
4

REPORT NO. E519568

CASE # 16-00003888

DATE AND TIME
OF COLLISION 02/27/16 15:51





LAKE STEVENS POLICE DEPARTMENT

INCIDENT STATEMENT FORM

#3#2

CASE NUMBER 16-00003888VICTIM ☒ WITNESS ☐NON-DISCLOSURE ☐

NAME (LAST, FIRST, MIDDLE) POPE, CHAD A.	RACE C	ETHNICITY Caucasian	SEX M	D.O.B. 12/23/80	AGE 35	HGT 5'9"	WGT 220	HAIR Red	EYES Hazel
STREET ADDRESS 12002 29 PL NE				CITY LAKE STEVENS		STATE WA		ZIP 98258	
HOME PHONE (206) N/A		CELL PHONE 602-451-9865		WORK PHONE 206 368-1771					
EMAIL ADDRESS (OPTIONAL) POPECHAD@YAHOO.COM				PLACE OF EMPLOYMENT NORTHWEST HOSPITAL					

STATEMENT:

I WAS DRIVING EAST ON HWY 92 WHEN TRAFFIC SLOWED DOWN AND I GRADUALLY WAS SLOWING DOWN WHEN A VEHICLE FROM MY REAR COLLIDED INTO MY REAR BUMPER. I DID NOT SEE THE CAR HIT ME. AFTER THE COLLISION I WAS ABLE TO PULL OFF THE ROAD SAFELY.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE:

DATE SIGNED:

2/27/16

OFFICER/NUMBER:

DATE SIGNED:

2/28/16

OUR MISSION STATEMENT: "WE BELIEVE THAT PRESERVING LIFE, ENSURING JUSTICE AND GUARDING DEMOCRACY ARE VITAL TO A SAFE, HEALTHY, AND PROSPEROUS COMMUNITY"

STATEMENT HALL, MIRANDA



LAKE STEVENS POLICE DEPARTMENT

INCIDENT STATEMENT FORM

16-00003888

CASE NUMBER

VICTIM



WITNESS



NON-DISCLOSURE



NAME (LAST, FIRST, MIDDLE) HALL MIRANDA		RACE W	ETHNICITY	SEX F	D.O.B. 01/14/1994	AGE 21	HGT 5'5"	WGT 180	HAIR Blonde	EYES Hazel
STREET ADDRESS Po Box 2013				CITY Bnohomish		STATE WA		ZIP 98291		
HOME PHONE		CELL PHONE 425 345 6650			WORK PHONE					
EMAIL ADDRESS (OPTIONAL)					PLACE OF EMPLOYMENT Safeway					

STATEMENT:

Letisha and I were driving down the road when all of a sudden the purple van started to come into our lane and we moved over to avoid and the next thing I know I heard a loud crash and looked behind and saw that the horse trailer wasn't be hind us. I immediately jumped out of the truck and ran to the trailer the horse in the last stall was shoved forward and has cuts on her face and a huge open wound on her neck. The middle horse was stuck underneath the first horse and has cuts on his legs and the first one has cuts on her face. The trailer is totalled the axel is broke and the whole sided of the truck is smashed in.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE:

DATE SIGNED:

2/27/16

OFFICER/NUMBER:

C. Chua #15

DATE SIGNED:

2/28/16

OUR MISSION STATEMENT: "WE BELIEVE THAT PRESERVING LIFE, ENSURING JUSTICE AND GUARDING DEMOCRACY ARE VITAL TO A SAFE, HEALTHY, AND PROSPEROUS COMMUNITY"



LAKE STEVENS POLICE DEPARTMENT

INCIDENT STATEMENT FORM

16-0000 3888

CASE NUMBER

VICTIM ☒ WITNESS ☐NON-DISCLOSURE ☐

NAME (LAST, FIRST, MIDDLE) fisher letisha m	RACE W	ETHNICITY	SEX F	D.O.B. 10/06/88	AGE 27	HGT 5'7"	WGT 175	HAIR B	EYES B
STREET ADDRESS 5110 83rd ave SE			CITY Shobomish		STATE WA		ZIP 98290		
HOME PHONE		CELL PHONE 360 722 6846			WORK PHONE				
EMAIL ADDRESS (OPTIONAL) letisha-fisher@yahoo.com					PLACE OF EMPLOYMENT Papa Murphys				
STATEMENT:									
<p>We, Miranda and I, were driving the horses home from Granite Falls, WA. A car was stopped (to turn, maybe) in on coming traffic the purple van swerved into us hitting the mirror and of my truck and slid down it eventually hitting the front & side of the horse trailer which resulted in the trailer becoming detached from my truck. We had 3 horses scrambling in the trailer that we had to get out. All horses had fair injuries, one has an enormous gauge in her neck, one has a severe cut on his leg and one collapsed in the trailer. I am not sure of the rest of the injuries to the horses, we have a vet on the way to assess (?) the horses. We are also assuming the trailer is totaled, and having a tow truck to pick it up. The truck is drivable (I think) but has a lot of damage. all of our tack all of our tack was on our horses, not sure what damage to that was.</p>									
I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT									
SIGNATURE: 						DATE SIGNED: 2/27/16			
OFFICER/NUMBER: C. Chant #75						DATE SIGNED: 2/28/16			

OUR MISSION STATEMENT: "WE BELIEVE THAT PRESERVING LIFE, ENSURING JUSTICE AND GUARDING DEMOCRACY ARE VITAL TO A SAFE, HEALTHY, AND PROSPEROUS COMMUNITY"

TOW IMPOUND AND INV RECORDS - SKY VALLEY TOWING

CHECK ALL THAT APPLY:

- ☒ NON-IMPOUND / TOW
☐ AAA or OTHER ROADSIDE ASSISTANCE
☐ EVIDENCE
☐ SEIZED UNDER RCW 69.50.505
☐ IMPOUND ONLY
☐ DUI/PC IMPOUND WITH 12 HOUR HOLD
☐ DWLS IMPOUND WITH ____ DAY HOLD
☐ INFORMATIONAL COPY GIVEN TO SUSPENDED DRIVER.
☐ REGISTERED OWNER MAY REDEEM _____
☐ CHECK INDICATES DRIVER IS DWLS/R AND IS NOT THE REGISTERED OWNER. REGISTERED OWNER / LEGAL OWNER OR AGENT OF THE OWNER MAY REDEEM AT THE END OF THE IMPOUND HOLD.
☐ CHECK INDICATES THE DRIVER IS DWLS AND IS THE REGISTERED OWNER. DRIVER WILL NEED A SEPARATE RELEASE FORM FROM THE COURT OR THE AGENCY ORDERING THE IMPOUND.

UNIFORM WASHINGTON STATE

TOW / IMPOUND
AND INVENTORY RECORD

CASE / EVIDENCE NUMBER

2016 - 0000 3888

VEHICLE INFORMATION

VIN				
LICENSE AUF 9304	STATE WA	YEAR 02	MAKE DODGE	MODEL CARAVAN
MILEAGE <input type="checkbox"/> Report of Sale <input type="checkbox"/> Digital		STYLE	COLOR	

DRIVER

REGISTERED OWNER

LEGAL OWNER

NAME (LAST, FIRST, MI) PRICE ERIC R	NAME (LAST, FIRST, MI) PRICE, ALICE	NAME (LAST, FIRST, MI)
STREET ADDRESS 328 91ST AVE NE # 8	STREET ADDRESS 328 91ST AVE NE	STREET ADDRESS
CITY, STATE, ZIP CODE LAKE STEVENS WA 98258	CITY, STATE, ZIP CODE LK STEVENS WA 98258	CITY, STATE, ZIP CODE
PHONE 360-454-3814	DOB 11-15-86	PHONE

AUTHORIZATION AND RECEIPT

ON THIS DATE OF 2-27 AT 1630 (24 HOUR) PURSUANT TO RCW 46.55.085 / .113 AND HAVING PERSONALLY INVENTORIED THE ITEMS IN THE DESCRIBED VEHICLE, I HEREBY AUTHORIZE SKY VALLEY

TO REMOVE THIS VEHICLE FROM SK 92 Q CALLOW RD. (TOWING FIRM)

I CERTIFY THAT I HAVE RECEIVED THE ABOVE VEHICLE AND ITS CONTENTS LISTED BELOW.

TOW DRIVER'S SIGNATURE [Signature] DOL TOW TRUCK NO. 5712-015 DATE 2-27-16

EQUIPMENT	DAMAGE	EVIDENCE (DRIVER'S SIDE)	EVIDENCE (PASSENGER'S SIDE)
<input type="checkbox"/> GLOVE BOX LOCKED <input type="checkbox"/> KEYS [] <input type="checkbox"/> AUTO STEREO <input type="checkbox"/> AUDIO TAPES / CD'S [] <input type="checkbox"/> CB RADIO <input type="checkbox"/> RADAR DETECTOR <input type="checkbox"/> TRUNK LOCKED <input type="checkbox"/> SPARE TIRE <input type="checkbox"/> JACK <input type="checkbox"/> CHAINS <input type="checkbox"/> OTHER _____	<input type="checkbox"/> FRONT SHADE DAMAGED AREA <input type="checkbox"/> R FRONT <input type="checkbox"/> R SIDE <input type="checkbox"/> R REAR <input type="checkbox"/> L FRONT <input type="checkbox"/> L SIDE <input type="checkbox"/> L REAR <input type="checkbox"/> REAR <input type="checkbox"/> TOP <input type="checkbox"/> UNDERCARRIAGE <input type="checkbox"/> OTHER _____		

INVENTORY/EVIDENCE

NARRATIVE OR DIAGRAM

(List reason(s) for impound.)

MILWAUKEE TOOL BOX

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREMENTIONED IS TRUE AND CORRECT. (RCW 9A.72.085)

OFFICER'S SIGNATURE X S. WAKBIS

[Signature]
COUNTY, WA

BADGE NO. 112

DRIVER'S SIGNATURE CERTIFIES RECEIPT OF TOW/IMPOUND REPORT AND INFORMATION FOR DRIVERS TO REDEEM IMPOUNDED VEHICLE.

DRIVER'S SIGNATURE X

SUPERVISOR

STATEMENT ZAJAC, DAVID C



LAKE STEVENS POLICE DEPARTMENT

INCIDENT STATEMENT FORM

 16-00003888
 CASE NUMBER _____

 VICTIM ☐ WITNESS ☒
NON-DISCLOSURE ☐

NAME (LAST, FIRST, MIDDLE) Zajac, David C		RACE	ETHNICITY	SEX	D.O.B. 5/1-70	AGE	HGT	WGT	HAIR	EYES
STREET ADDRESS 2537 NE 204th Street					CITY Shoreline		STATE WA		ZIP 98155	
HOME PHONE		CELL PHONE 206-579-1033			WORK PHONE					
EMAIL ADDRESS (OPTIONAL)					PLACE OF EMPLOYMENT					

STATEMENT:

I was behind the trailer and a car and van were coming in the opposite direction. The car put brakes on and the van swerved and caught back tire and side of trailer. The man in van said the car in front of him put on brakes when he was changing radio station. When he looked up that is when he swerved into the other lane. He said that he thought it was his fault when he got out of car.

There was another car between me and the trailer - Papa John's delivery car. He was the one that called 911.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: <i>David Zajac</i>	DATE SIGNED: 2/27/16
OFFICER/NUMBER: <i>P. A. H.</i>	DATE SIGNED: 2/28/16

OUR MISSION STATEMENT: "WE BELIEVE THAT PRESERVING LIFE, ENSURING JUSTICE AND GUARDING DEMOCRACY ARE VITAL TO A SAFE, HEALTHY, AND PROSPEROUS COMMUNITY"